

CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT 40621-0001

PROVIDER APPLICATION FOR HIV/AIDS COURSE APPROVAL

Carefully read the instructions below and on the next page.

Complete the application pages and return them with your entire course to the address listed in this packet. **The initial review process takes a minimum of twenty working days.** Applications and courses must be received at least twenty working days prior to the date of the presentation. Courses submitted less than twenty working days may fail to be approved in time. Courses that are incomplete or with insufficient information will be automatically rejected; and, *if resubmitted by the provider, can take another 20 working days to finalize the review process.* If you have any questions about this application, call Janet English at 502/564-4990 any Monday, Wednesday, or Thursday or e-mail at janet.english@ky.gov.

All courses must include the following items:

1. **The complete lesson plans and lecture notes identifying the course content.** Photocopies of slides & overheads will be accepted, however, we must also have the *detailed narrative*, which goes with each slide or overhead. Outlines are not accepted unless *extremely* detailed. Providers using videos within their lecture course, must include the video title, production date, and submit a written summary of the content of the video.
2. **Any handouts given to participants.**
3. **Post-test.** (Home study courses)
4. **Curriculum vita** for instructors that shows their qualifications for teaching an HIV/AIDS course. (No more than *ten*-pages per instructor.)

5. **Current Terminology:**

"Injecting drug use (IDU)"	not	"IV drug use"
"Men having sex with men (MSM)"	not	"Homosexual"
"Safer sex"	not	"Safe Sex"

Keep a copy of your course; it will not be returned!

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**All six of the content areas listed below must be included in each course.
The information must also be current and up-to-date.**

Basic medical and epidemiological information about HIV and the diseases and conditions it can cause.

- _____ Basic Medical Information about HIV <http://www.cdc.gov/hiv/pubs/facts.htm>
- _____ Current HIV/AIDS Epidemiology (include trends relating to minorities)
<http://chfs.ky.gov/dph/hiv aids.htm> & <http://www.cdc.gov/hiv/stats/hasrlink.htm>
- _____ Identified Risk Behaviors ((Men Having Sex with Men (MSM) not Homosexual or Bisexual,
Injecting Drug Use (IDU) not Intravenous Drug Use, etc.))
- _____ Opportunistic Diseases that define AIDS per the CDC 1993 definitions (Appendix B,
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>)
- _____ Tests used to Diagnose HIV infection (Elisa, Western Blot, etc.)

Methods of transmission and prevention of HIV and current recognized methods of medical treatment.

- _____ All methods of Transmission <http://www.cdc.gov/hiv/pubs/facts.htm>
- _____ All methods of Prevention for each Method of Transmission (include use of latex & polyurethane condoms, dental dams, not sharing needles, if needles are shared use bleach for cleaning needles and “works,” etc.) <http://www.cdc.gov/hiv/pubs/facts.htm>
- _____ Perinatal Transmission and Prevention (Table 4, http://www.aidsinfo.nih.gov/guidelines/default_db2.asp?id=66)
- _____ Current Medical Treatment for HIV infection (identify the specific drugs used in HAART)
<http://aidsinfo.nih.gov/drugs/> or <http://www.aidsmeds.com/List.htm>

Management of HIV in the healthcare workplace and other working environments, consistent with OSHA Bloodborne Pathogens Standards.

- _____ OSHA Bloodborne Pathogens Standards (body fluids, handling of sharps, not recapping needles, gloves, etc.) http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
- _____ HIV Post exposure Prophylaxis (include all drugs used to treat) Appendix C,
<http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

Legal issues surrounding HIV infection.

- _____ Consent to test <http://162.114.4.13/KRS/214-00/625.PDF>
- _____ Confidentiality issues <http://162.114.4.13/KRS/214-00/625.PDF>
- _____ KY HIV/AIDS Reporting requirements <http://162.114.4.13/KRS/214-00/645.PDF> & (use attached)
- _____ Americans with Disabilities Act <http://www.usdoj.gov/crt/ada/pubs/hivqanda.txt>

Appropriate attitudes & behaviors toward those persons infected with HIV, to include but not limited to:

- _____ Cultural sensitivity of the caregiver toward the HIV infected person
- _____ How a person became infected is not the issue for the caregiver
- _____ Awareness of the caregivers' prejudices toward certain risk behavioral practices
- _____ Use the Golden Rule approach, (Do unto others...) toward the HIV infected person

Comprehensive human services available to assist those with HIV infection, to include but not limited to:

- _____ Services available through Kentucky's Ryan White & state funded services programs (use attached)
- _____ Community-Based Organizations (use attached)

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Provider Name: _____

Address: _____

Phone Number: (____) _____ X _____ FAX #: (____) _____

E-Mail Address: _____

Contact Person: _____

Course Title: _____

Length of Course (hours): _____ Course Fee: _____

Month/year course was developed: _____ Date(s) of course: _____

(Course must have been developed within the past year.)

Choose one from each row. This course is:

One time **only** _____ **or** On-going _____

In-house staff **only** _____ **or** Open to General Public _____

Home Study _____ **or** Lecture _____

*(If Home Study course is also offered on the Internet
please provide the web site address www. _____)*

Is this course approved for Category I CME credit? Yes _____ No _____
(Special Course Approval for Physicians - CMEs)

Is this course ACPE approved? Yes _____ No _____
(Special Course Approval for Pharmacists –
American Council on Pharmaceutical Education)

Instructor(s) name(s) _____

I verify that all information submitted in this course application is current and up-to-date.

Signature of course Contact Person or Instructor

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Is this course targeted to a specific profession(s)? No _____ Yes _____ *

If **No**, the course will be designated as suitable for all professions listed below.

If **Yes**, please check the profession(s) listed below for which this course is targeted:

- _____ Athletic Trainers (2-hour requirement)
- _____ Chiropractors (2-hour requirement)
- _____ Dentists and Dental Hygienists (2-hour requirement)
- _____ Emergency Medical Technicians (2-hour requirement)
- _____ Nurses (2-hour requirement)
- _____ Optometrists (1-hour requirement)
- _____ Paramedics (2-hour requirement)
- _____ Pharmacists (1-hour requirement)
- _____ Physical Therapists (Initial license--4 hours; Renewal--2 hours)
- _____ Physical Therapy Assistants (Initial license--4 hours; Renewal--2 hours)
- _____ Physicians (2-hour requirement)
- _____ Physician Assistants (2-hour requirement)
- _____ Podiatrists (2-hour requirement) (**NO** Home Study Courses Accepted.)
- _____ Social Workers (2-hour requirement)

* If you designate your course to target a particular profession(s), ***only those professions you designate*** will receive HIV/AIDS credit for completing your course.

Send your application and complete course to:

B. Janet English, CHES
Department for Public Health
Health Education & Development Branch HS1W-E
275 East Main Street
Frankfort, Kentucky 40621-0001

OVERVIEW OF SERVICES AVAILABLE THROUGH KENTUCKY'S RYAN WHITE AND STATE-FUNDED SERVICES PROGRAMS

Kentucky HIV Care Coordinator Program (KHCCP)

Purpose:

The intent of the KHCCP is to facilitate the provision of quality care and services to HIV infected individuals and their families in a timely and consistent manner across a continuum of care. The program provides Care Coordinators in six regional sites throughout Kentucky. Arrangements are made with local health departments in the Barren River, Cumberland Valley, Lexington-Fayette, and Northern Kentucky regions and two (2) non-profit agencies in the Louisville and Purchase regions, in order to aid the client in identifying and accessing needed services. These regional sites allow for statewide coverage, and better local access to these services. KHCCP also acts as an umbrella program for other client assistance programs such as the Kentucky Health Insurance Continuation Program, Outpatient Health Care and Support Services, and the State Support Services Programs. *(Continuation of all programs is contingent upon continued state and federal funding.)*

Goals of KHCCP:

- To optimize the client's self-care capabilities by empowering him/her to direct his/her own life decisions.
- To identify the extent of the client's informal support systems.
- To assist the client in locating and accessing existing services in areas including entitlement benefits (Medicaid and/or Social Security Disability Services), medical care, housing, counseling, transportation, legal and nutrition services.
- To identify and establish a referral system with area health care and social service providers and community-based HIV organizations, and HIV counseling and testing sites.
- To ensure that duplication of services by formal and informal support systems does not occur.
- To provide the client with educational information regarding disease transmission and maintenance of a healthy lifestyle, and encourage and reinforce good health habits and secondary prevention methods over the course of case management.
- To identify and document patterns of service needs and advocate for effective policies and resource development.
- To facilitate the initial and on-going education of health care and social service providers to the issues surrounding HIV disease.
- To ensure that program funding is appropriately used to meet the documented needs of HIV+ persons throughout the State in a manner that coordinates funding streams and makes use of existing community resources and services.

Basic Eligibility Criteria for Financial Assistance Programs:

- Household Income - 300% of federal poverty level, or less.
- Household Resources - cash assets of less than \$10,000.
- Client Residency - must be a resident of Kentucky.
- Medical Documentation - HIV+ status must be confirmed with appropriate documentation. (For KADAP participation, medical documentation must also include CD4+ T cell count and viral load.)
- Lack of Other Third Party Payer - must be ineligible for assistance from other third party payers for the assistance being requested.

FINANCIAL ASSISTANCE PROGRAMS:

Kentucky AIDS Drug Assistance Program (KADAP) - This program assists low-income, eligible Kentuckians with the purchase of AIDS-related medications prescribed for FDA-approved indications. Once approved, eligible applicants receive formulary medications through a mail-order pharmacy service provided by the U of L Outpatient Pharmacy. **NOTE: Effective 2/1/00, a waiting list was established for this program. 1-866-510-0005 (toll free)**

Kentucky Health Insurance Continuation Program (KHICP) - provides payments for the continuation of health insurance benefits for eligible individuals who are at risk of losing their employment-related or private-pay health insurance because of HIV disease.

Kentucky Outpatient Health Care and Support Services Programs - provide assistance for eligible individuals with a wide range of community-based medical and non-medical support services, such as, but not limited to, physical and mental health care, housing, nutrition, and transportation services. From the list of eligible services, *priority services* are identified during each funding period, based on such factors as client and Care Coordinator input, needs assessment survey results, resource inventories, client satisfaction surveys, and funding limitations.

The overall intent of the services programs is to provide clients with a continuum of care utilizing existing community-based services to the greatest extent possible.

Care Coordinator Programs by region (including the Area Development Districts and Counties covered by the region):

Barren River Region - based in Barren River Dist. Health Dept., PO Box 1157 (1109 State St) Bowling Green, KY 42101-1157 (270) 781-8039 (telephone); (800) 599-4448 (for client use only); (270) 796-8946 (fax)

Area Development Districts Covered: Barren River, Green River, and Lincoln Trail

Counties Covered:

Allen	Daviess	Hardin	Logan	Metcalf	Simpson	Webster
Barren	Edmonson	Hart	McLean	Monroe	Union	
Breckinridge	Grayson	Henderson	Marion	Nelson	Warren	
Butler	Hancock	Larue	Meade	Ohio	Washington	

Cumberland Valley Region - based in Cumberland Valley Dist. Health Dept., Po Box 1269, London, KY 40743 (606) 864-3776 (telephone); (888) 425-7282 (for client use only); (606) 864-3732 (fax)

Area Development Districts Covered: Lake Cumberland, Cumberland Valley, Kentucky River, and Big Sandy

Counties Covered:

Adair	Clinton	Jackson	Lee	McCreary	Rockcastle	Wolfe
Bell	Cumberland	Johnson	Leslie	Owsley	Russell	
Breathitt	Floyd	Knott	Letcher	Perry	Taylor	
Casey	Green	Knox	Magoffin	Pike	Wayne	
Clay	Harlan	Laurel	Martin	Pulaski	Whitley	

Lexington Region - based in Lexington-Fayette Co. Health Dept., 650 Newtown Pike, Lexington, KY 40508-1197 (859) 288- 2437 (telephone); (877) 606-2437 (for client use only); (859) 288-7512 (fax)

Area Development Districts Covered: Bluegrass, Buffalo Trace, FIVCO, and Gateway

Counties Covered:

Anderson	Bracken	Fayette	Harrison	Madison	Morgan	Scott
Bath	Carter	Fleming	Jessamine	Mason	Nicholas	Woodford
Bourbon	Clark	Franklin	Lawrence	Menifee	Powell	
Boyd	Elliott	Garrard	Lewis	Mercer	Robertson	
Boyle	Estill	Greenup	Lincoln	Montgomery	Rowan	

Louisville Region - based in Volunteers of America of KY (VOA), 850 Barret Ave., Suite 302, Louisville, KY 40204 (502) 574-0161 (telephone); (502) 574-8484 (fax)

Area Development District Covered: KIPDA

Counties Covered:

Bullitt	Henry	Jefferson	Oldham	Shelby	Spencer	Trimble
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Northern Kentucky Region - based in Northern KY Dist. Health Dept., 2388 Grandview Dr., Fort Mitchell, KY 41017 (859) 578-7660 (telephone); (859) 578-7665 (fax)

Area Development District Covered: Northern Kentucky

Counties Covered:

Boone	Carroll	Gallatin	Grant	Kenton	Owen	Pendleton
Campbell						

Purchase Region - based in Heartland Cares Clinic, PO 3025 Clay St, Paducah, KY 42002 (800) 522-8289 (telephone); (270) 365-5726 (fax)

Area Development Districts Covered: Pennyryle and Purchase

Counties Covered:

Ballard	Carlisle	Fulton	Hopkins	McCracken	Todd
Caldwell	Christian	Graves	Livingston	Marshall	Trigg
Calloway	Crittenden	Hickman	Lyon	Muhlenberg	

For more information, contact your regional Care Coordinator Program as listed above, or the HIV Services Program at (502) 564-6539 or (800) 420-7431.

Kentucky community-based organizations (CBOs)

Community-based organizations provide a variety of resources for both those infected and affected by HIV disease. The following is our current list of CBOs:

Eastern area			
Agency name	Mailing address	Tel/fax/e-mail	Description
Tri-State AIDS Task Force	945 4 th Avenue, Suite 119 Huntington WV 25701 Att: Melissa Browning	Tel: 304/522-4357 888/299-2437 Fax: 604/525-2061 E-mail: tsatf@aol.com	
Harlan Countians for a Healthy Community	PO Box 389 Baxter KY 40806 Att: Annie Fox	Tel: 606/573-6115 Fax: E-mail:	Outreach and case management, crisis aid, homeless shelter and transitional housing.
Hazard Perry County Community Ministries	PO Box 1506 Hazard KY 41702 Att: Jennifer Weeber	Tel: 606/436-0051 Fax: E-mail:	Outreach and case management, crisis aid, homeless shelter, transitional housing and childcare.
Lexington area			
Agency name	Mailing address	Tel/fax/e-mail	Description
AIDS Volunteers (AVOL)	PO Box 431 Lexington KY 40585 Att: Kathy Cox	Tel: 859/225-3000 Fax: 859/278-9667 E-mail: avol@juno.com	Provides financial assistance, support and legal referrals. Strong prevention focus.
Gallerie Soleil	363 W. Short St. Lexington KY 40507 Att: Bob Morgan	Tel: Fax: E-mail:	Prevention information and outreach to at risk youth. Condom distribution service.
Moveable Feast	St. Augustine Church 472 Rose Street PO Box 367 Lexington KY 40588-0367	Tel: 859/252-2867 Fax: 859/231-7899 E-mail:	Deliver hot meals and groceries to HIV infected and AIDS individuals in the Lexington Area.
Robert H. Williams Cultural Center	644 Georgetown Street Lexington KY 40508 Att: Carolyn Bell	Tel: 859/255-5066 Fax: 859/255-5066 (call 1 st) E-mail:	Intervention programs for African American population in the Greater Bluegrass.
Louisville area			
Agency name	Mailing address	Tel/fax/e-mail	Description
AIDS Interfaith Ministries (AIM)	850 Barret Ave., #305A Louisville KY 40204 Att: Janet Mann or Phillip Garrett	Tel: 502/574-6086 or 6085 Fax: 502/574-5244 E-mail:	Pastoral counseling and Care Teams for those who are affected by HIV/AIDS.
AIDS Services Center Coalition & Louisville AIDS Walk	810 Barret Ave, #270 Louisville KY 40204	Tel: 502/574-5490 or 5947 Fax: 502/574-5497 E-mail: ascctrc@aol.com	Coalition of agencies that provide direct services to persons living with HIV/AIDS.
American Red Cross	510 E. Chestnut St. Louisville KY 40202 Att: Lori Medley	Tel: 502/589-4450 Fax: 502/561-3617 E-mail:	Educational programs for the workplace. Brochures and films for the community. Monthly education programs, HIV/AIDS instructor class for African Americans, and AIDS education certification for health professionals.
Community Health Trust	PO Box 4277 Louisville KY 40204	Tel: 502/454-7613 Fax: 502/574-5497 E-mail: cht@ka.net	Serves prevention, education and healthcare needs of gay men, lesbians and all people with HIV.
HIV/AIDS Legal Project	810 Barret Ave, #277 Louisville KY 40204 Att: Tracy Cecil	Tel: 502/574-8199 Fax: 502/574-5244 E-mail:	Free legal services for HIV-infected persons at or below 125% poverty level. Legal education on issues relating to HIV/AIDS.

Kentucky community-based organizations (CBOs)

Louisville area (continued)

Agency name	Mailing address	Tel/fax/e-mail	Description
House of Ruth	607 E. St. Catherine St. Louisville KY 40203 Att: Linda Underwood	Tel: 502/587-5080 Fax: 502/587-5009 E-mail: housofruth@aol.com	Association of caring persons for women, children and families affected by HIV.
KALA (Kentucky AIDS Life Alliance)	850 Barret Ave, # 304J Louisville KY 40232-2144 Att: Daniel Coe	Tel: 502/969-0336 Fax: 502/574-8484 E-mail: kala2000@juno.com	Support & empowerment group for people living with HIV/AIDS and those directly affected by the disease.
Kentucky Hemophilia Foundation	982 Eastern Parkway Louisville KY 40217-1566 Att: Ursela Lacer	Tel: 502/634-8161 Fax: 502/634-9995 E-mail: kyhemo@bellsouth.net	Education, advocacy & support services for individuals and families affected by inherited bleeding disorders and complications such as HIV/AIDS.
LifePerserver Educational Services, Inc.	1939 Goldsmith Lane, #18 Louisville KY 40218-2006 Att: Mark Saunders	Tel: 502/458-9319 Fax: 502/458-9378 E-mail: lpesi@aol.com	HIV prevention and education. Reaches African American community through its community leaders.
SABSA (Sisters and Brothers Surviving AIDS)	PO Box 505 Louisville KY 40201	Tel: 502/588-5704 (voice mail) Fax: E-mail:	Support group for African American HIV+ individuals
Volunteers of America	1321 South Preston Louisville KY 40208 Att: David Patterson	Tel: 502/634-5584 Fax: 502/634-5554 E-mail: davidpatt@bellsouth.net	Promotes HIV prevention and education through outreach programs. Programs target African American women, youth, men who have sex with men, gay men of color and injecting drug users.
Watson Memorial Baptist Church	c/o 3006 Summerfield Dr. Louisville KY 40220 Att: Libby Burks-Weathers	Tel: 502/499-7346 Fax: E-mail:	Provides education and outreach to local community. Targets African Americans and youth.
WINGS Program	Dept. of Family & Community Medicine 530 South Jackson Street Louisville KY 40292 Att: Dr. Karen Krigger & Dr. Anna Huang	Tel: 502/852-2523 (clinic) Fax: 502/852-5283 (clinic) Tel: 502/852-3083 Fax: 502/852-3080 E-mail:	This clinic project services HIV+ women and children, outreach HIV testing, dental services, providing primary and infectious disease care, adult and pediatric nutrition services, adult support groups, case management, child advocacy & care, social services, legal services, food bank, family & mental health counseling, as well as liaisons to community services.

Northern area

Agency name	Mailing address	Tel/fax/e-mail	Description
AIDS Volunteers of Northern KY	314 War Horse Place Crestview KY 41017 Att: Michael Connley	Tel: 859/331-4719 (home) 513/287-3720 (work) 513/483-5757 (voice mail) Fax: E-mail: mconnley@cinergy.com	Support groups, emergency financial assistance, monthly dinner/social, respite care, healing weekends, transportation, World AIDS Day Coordination.
Greater Cincinnati AIDS Consortium	P.O. Box 19009 2314 Aulurn Ave. Cincinnati OH 45219 Att: Charlie Wallner	Tel: 513/721-8941 Fax: E-mail: gcagcw@aol.com	Advisory & advocacy coalition of professionals and clients that meets the needs of HIV+ individuals & educates the community.

Southern area

Agency name	Mailing address	Tel/fax/e-mail	Description
Mary Sacred Heart House	The Native American Advocate 9539 Bowling Green Road Morgantown KY 42261	Tel: Fax: E-mail:	Indian American Advocates.

Kentucky community-based organizations (CBOs)

Western area

Agency name	Mailing address	Tel/fax/e-mail	Description
Heartland Clinic & Heartland CARES	3025 Clay Street Paducah KY 42001 Att: Krista Wood	Tel: 270/444-8183 Fax: 270/444-8147 E-mail: hci@kih.net	Clinic: Comprehensive primary care services for those infected with HIV; mental health services; substance abuse counseling; nutritional assessment & counseling; drug access program & compassionate use; massage therapy; dental services; exercise program; HIV antibody testing; and testing and treatment for STD's. Support services: HOPWA Supportive Housing; emergency assistance; support groups; case mgmt.; outreach/prevention/Education; financial Counseling; and specialty, agency and medical referrals.
Matthew 25 AIDS Services	411 Letcher Street Henderson KY 42420 Att: Cyndee Burton	Tel: 270/826-0200 Fax: 270/827-7466 E-mail: CBMatt25@lightpower.net	Provides friendship and prayers for those infected/affected by HIV/AIDS through support group, education for self-care and empowerment, buddy program, spiritual support, and important links in the community. Also provides education to the community by an Annual AIDS Awareness Walk every October; Coordinators of World AIDS Day Services and community involvement each Dec. 1. Approved HIV/AIDS Course and Speakers Bureau.
Owensboro Area HIV/AIDS Task Force, Inc.	426 St. Ann Street Owensboro KY 42303 Att: Robbie Stone	Tel: 270/683-6018 Fax: 270/683-5922 E-mail: oboroaids@mindspring.com	Provides financial assistance; transitional housing, dispenses risk reduction materials, condoms, etc. Members are state certified as pre and post-test counselors to administer the OraSure and Vena puncture sampling for HIV testing.

902 KAR 2:020 (7). Disease Surveillance (HIV/AIDS).

RELATES TO: KRS 211.180(1), 214.010, 214.645, 333.130

STATUTORY AUTHORITY: KRS 194A.050, 211.090(3), EO 2004-726

Section 7. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) Surveillance.

(1) Physicians and Medical Laboratories shall report:

(a) 1. A Positive test result for HIV infection including a result from:

- a. Elisa;
- b. Western Blot;
- c. PCR;
- d. HIV antigen; or
- e. HIV culture;

2. CD4+ assay including absolute CD4+ cell counts and CD4+%;

3. HIV detectable Viral Load Assay; and

4. A positive serologic test result for HIV infection; or

(b) A diagnosis of AIDS that meets the definitions of AIDS established within the Centers for Disease Control and Prevention (CDC) guidelines and reported in the:

1. "Adult HIV/AIDS Confidential Case Report Form"; or

2. "Pediatric HIV/AIDS Confidential Case Report Form".

(2) An HIV infection or AIDS diagnosis shall be reported within five (5) business days and, if possible, on the "Adult HIV/AIDS Confidential Case Report form" or the "Pediatric HIV/AIDS Confidential Case Report form".

(a) A report for a resident of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Louisville-Metro Health Department.

(b) A report for a resident of the remaining Kentucky counties shall be submitted to the HIV/AIDS Surveillance Program of the Kentucky Department for Public Health, or as directed by the HIV/AIDS project coordinator.

(3) A report for a person with HIV infection without a diagnosis of AIDS shall include the following information:

(a) The patient's full name;

(b) Date of birth, using the format MMDDYY; and

(c) Gender;

(d) Race;

(e) Risk factor, as identified by CDC;

(f) County of residence;

(g) Name of facility submitting report;

(h) Date and type of HIV test performed;

(i) Results of CD4+ cell counts and CD4+%;

(j) Results of viral load testing;

(k) PCR, HIV culture, HIV antigen, if performed;

(l) Results of TB testing, if available; and

(m) HIV status of the person's partner, spouse or children.

- (4) Reports of AIDS cases shall include the information in subsections (1) through (3) of this section; and
 - (a) The patient's complete address;
 - (b) Opportunistic infections diagnosed; and
 - (c) Date of onset of illness.
- (5)(a) Reports of AIDS shall be made whether or not the patient has been previously reported as having HIV infection.
- (b) If the patient has not been previously reported as having HIV infection, the AIDS report shall also serve as the report of HIV infection.